FORM D

UNITED STATES 1347661

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6) AND/OR** NIFORM LIMITED OFFERING EXEMPTION OMB APPROVAL

OMB NUMBER:

3235-0076 April 30, 2008 Expires:

Estimated average burden16.00 hours per response..



						7000
	s is an amendment and name h					Providence V
JumpTap, Inc Offering of 6,657,	009 shares of Series B Conve	rtible Preferred Stock	<u> </u>			<u></u>
Filing Under (Check box(es) that app	ly): Rule 504 Rule	e 505 🛛 Rule 506	☐ Secti	on 4(6)	□ ULOE	
Type of Filing: ⊠ New Filing	☐ Amendment					
	A. BASIC IDE	NTIFICATION DATA	A			
1. Enter the information requested ab	out the issuer	· , - ,			· 	
Name of Issuer (☐ Check if this is JumpTap, Inc.	an amendment and name has c	changed, and indicate ch	hange.)			
Address of Executive Offices	(Number and	Street, City, State, Zip	Code) Te	lephone Nu	mber (Including A	Area Code)
245 First Street, Suite 1100, Cambi			(6	17) 301-455	<u>:0</u>	
Address of Principal Business Operat (if different from Executive Offices)	ions (Number and	Street, City, State, Zip	Code) Te	lephone Nu	mber (Including A	Area Code)
Brief Description of Business Corporation formed to develop, ma	nufacture and sell technolog	y and infrastructure r	elated to the	mobile/loc	ation search indu	ustry.
Type of Business Organization						
	☐ limited partnership, a	already formed	☐ other	(please spec	cify):	PROCES
□ business trust	☐ limited partnership, t	•			3,	
Actual or Estimated Date of Incorporation of Incorporation or Organ	nization: (Enter two-letter U.S.	Month 0 1 Postal Service abbreviation of the foreign jurisdicates		⊠ Actua e:	D E	DEC 2 2 2 THOMSO FINANCIA
GENERAL INSTRUCTIONS						
Fadaral						

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice. SEC 1972 (6-02) 1 of 9

are not required to respond unless the form displays a currently valid OMB control number. LIBC/2646056.1



A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.

g	-09 P 2. P				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc Simon, John	dividual)			N**** 1.12 *	
Business or Residence Address 245 First Street, Suite 1100, Ca		er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc Hose, David	dividual)				
Business or Residence Address 245 First Street, Suite 1100, Ca		er and Street, City, State, 2 142	Lip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in Siber, Richard	dividual)				
Business or Residence Address 245 First Street, Suite 1100, Ca		er and Street, City, State, 2	Cip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc Buhrmann, Mike	dividual)				
Business or Residence Address 245 First Street, Suite 1100, Ca		er and Street, City, State, 2	Cip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
Full Name (Last name first, if inc Rubinoff, Gary	dividual)				
Business or Residence Address 245 First Street, Suite 1100, Ca	(Numb ambridge, MA, 02	er and Street, City, State, Z	ip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc Brody, Jeff	dividual)				
Business or Residence Address 245 First Street, Suite 1100, Ca		er and Street, City, State, Z	Cip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc Duffy, Mark	dividual)				
Business or Residence Address 245 First Street, Suite 1100, Ca		er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc Olschwang, Dan	dividual)				
Business or Residence Address 245 First Street, Suite 1100, Ca		er and Street, City, State, 2	Lip Code)		
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ine General Catalyst Group III, L.					
Business or Residence Address 20 University Road, Suite 450,	(Numb	er and Street, City, State, Z	Cip Code)		
Check Box(es) that Apply:	□ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc Redpoint Ventures II, L.P.	dividual)		,		
Business or Residence Address 300 Sand Hill Road, Building 2		er and Street, City, State, Z	(ip Code)		

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind BCE, Inc.	ividual)				
Business or Residence Address 21 St. Clair Avenue East, Suite		er and Street, City, State, 2 ntario M4T 1L8 CANA			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if ind	lividual)				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				, M. J., J., J., J., J., J., J., J., J., J.
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind	lividual)				
Business or Residence Address	(Numb	er and Street, City, State, 2	Zip Code)		

	14, 11, 11	·. ·	* * *	B. INF	ORMATIC	N ABOU	Γ OFFERI	NG				
1. Has the is	suer sold o	r does the is	ccuer inten	to sell to	non accredi	ted investo	re in this of	faring?				No ⊠
1. 11as the 1s.	suci soia, o	does the is		·				•			u '	2
	•		Ans	wer also in	Appendix,	Column 2,	if filing un	der ULOE.				
2. What is th	ie minimun	investmen	t that will b	e accepted	from any ir	ndividual?					\$ N/A	
3. Does the o	. ec:			المساد والمساد و	:40							No B
												Ø
4. Enter the remuneration agent of a bropersons to be Full Name (L	for solicita ker or deal listed are a	ition of pure er registered ssociated p	chasers in c d with the S ersons of si	onnection of SEC and/or	with sales of with a state	f securities or states, l	in the offer ist the name	ing. If a pe e of the bro	rson to be l ker or deale	isted is an er. If more	associated than five	d person or (5)
N/A												
Business or R	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)		_				
Name of Asse	ociated Bro	ker or Deal	er					_				
States in Whi												N II C4-4
[AL]	All States" [AK]	or check in [AZ]	dividual St [AR]	ates) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	All States [ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	rst, if indivi	idual)				,					
Business or R	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)						
Name of Asso	ociated Bro	ker or Deal	er									
States in Whi (Check "		Listed Has S or check ind									D A	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[lD]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	rst, if indivi	idual)									
Business or R	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)		-				
Name of Asse	ociated Bro	ker or Deal	er									
States in Whi												All States
(Check .	All State (or check ind [AZ]	IIVIQUAI Sta [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	بر ل [HI]	(ID)
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	(SC)	[SD]	ITNI	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	(WI)	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Pric		mount Already Sold
	Debt	\$	0	\$0
	Equity	\$ <u>16,642,522.</u>	<u>50</u>	\$ <u>16,642,522.50</u>
	□ Common 🖾 Preferred			
	Convertible Securities (including warrants)	\$	0	\$0
	Partnership Interests	\$	0	\$0
	*Other (Specify)	\$	0	\$0
	Total			\$16,642,522,50
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		<u>í</u>	\$ <u>16,642,522.50</u>
	Non-accredited Investors		<u>)</u>	\$0
	Total (for filings under Rule 504 only)	N/A		\$ <u>N/A</u>
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	N/.	A	
	Type of offering	Type of		Dollar Amount
	Rule 505	Security N/A		Sold \$_N/A
	Regulation A	N/A		\$_N/A
	Rule 504	N/A	•	\$_N/A
	Total	N/A	•	\$_N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		•	<u></u>
	Transfer Agent's Fees			\$0
	Printing and Engraving Costs			\$0
	Legal Fees			\$ 25,000.00
	Accounting Fees			\$ <u>0</u>
	Engineering Fees			\$0
	Sales Commissions (specify finders' fees separately)			\$0
	Other Expenses (identify) Blue sky fees		_ ⊠	\$800.00
	Total			\$ 25,800.00

	C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AND USE	OF P	ROCE	EDS			
	I and total expenses furnished in response	e offering price given in response to Part C - Question to Part C - Question 4.a. This difference is the				\$	<u>16,616,722</u>	<u>2.50</u>
use esti	d for each of the purposes shown. If the amate and check the box to the left of the	ross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal						
tne	adjusted gross proceeds to the issuer set	forth in response to Part C - Question 4.b above.					Payments 7 Others	Γο
	Salaries and fees			\$	0		\$	0
	Purchase of real estate			\$	0		\$	0
	Purchase, rental or leasing and installation	on of machinery and equipment		\$	0		\$	0
	Construction or leasing of plant building	s and facilities		\$	0		\$	0
	offering that may be used in exchange for	ng the value of securities involved in this or the assets or securities of another	П	\$	0		\$	0
							\$	
	• •						\$16,616,7	
	• .						\$	
				\$	0		\$	0
	Column Totals			\$	0	Ø	\$ <u>16,616,7</u>	22.50
	Total Payments Listed (Column totals ac	lded)			⊠ \$ <u>1</u>	<u>6,61</u>	<u>6,722.50</u>	
		D. FEDERAL SIGNATURE						
foll	owing signature constitutes an undertakir	ned by the undersigned duly authorized person. If this not by the issuer to furnish to the U.S. Securities and Exchange issuer to any non-accredited investor pursuant to paragra	ange (Commis	sion, up	on v		ıest
Issuer	(Print or Type)	Signature		Date				
Jump	Tap, Inc.			Decen	nber[]	, 20	05	
Name	of Signer (Print or Type)	Title of Signer (Print or Type)						
Dan (Dischwang	Chief Executive Officer						

— ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	<u> </u>
	2.262 presently subject to any of the disqualification	
•	See Appendix, Column 5, for state respon	nse.
2. The undersigned issuer hereby under Form D (17 CFR 239,500) at such to	takes to furnish to any state administrator of any statimes as required by state law.	te in which this notice is filed, a notice on
3. The undersigned issuer hereby under issuer to offerees.	takes to furnish to the state administrators, upon wri	itten request, information furnished by the
limited Offering Exemption (ULOE	at the issuer is familiar with the conditions that must of the state in which this notice is filed and unders establishing that these conditions have been satisfie	tands that the issuer claiming the availability
The issuer has read this notification and undersigned duly authorized person.	knows the contents to be true and has duly caused t	his notice to be signed on its behalf by the
Issuer (Print or Type)	Signature	Date
JumpTap, Inc.		December 4, 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Dan Olschwang	Chief Executive Officer	

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

,	Intended to non-a	Intend to sell to non-accredited investors in State (Part P. Item 1) Type of security and aggregate offering price offering price amount purchased in State					Disqualification under State ULOE (if yes, attach explanation of waiver granted)			
	(Part E	3-Item 1)	offered in state (Part C-Item 1)		(Par	t C-Item 2)		(Part E-Item 1) N/A		
S			Common	Number of Accredited		Number of Non-Accredited			N1-	
State AL	Yes	No	Stock	Investors	Amount	Investors	Amount	Yes	No	
AK										
AZ	-									
AR								<u></u> -		
CA		х	Series B Convertible Preferred Stock, US \$2.50 per share	2	\$6,430,000	0	N/A		х	
СО										
СТ								1		
DE										
DC										
FL										
GA										
HI					-					
ID				1						
IL										
ĪΝ										
IA								-		
KS										
KY										
LA										
ME										
MD										
MA		Х	Series B Convertible Preferred Stock, US \$2.50 per share	2	\$7,220,000	0	N/A		Х	
MI										
MN										
MS										
МО					8 of 9					

APPENDIX

1	2 3 5										
•	to non-a	d to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I) N/A		
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT	165	110	Stock	Investors	Amount	Thvestors	Amount	165	110		
NE		-									
NV											
NH				. ,							
NJ											
NM											
NY											
NC											
ND											
ОН											
OK											
OR											
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PR											